



ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2000
OF THE CONDITION AND AFFAIRS OF THE

HARVARD PILGRIM HEALTH CARE, INC.

| | | | | | | | |
|--|------|------|---------------------|-------|--|------------------------------------|------------|
| NAIC Group Code | 0595 | 0595 | NAIC Company Code | 96911 | Employer's ID Number | 04-2452600 | |
| (Current Period) | | | (Prior Period) | | | | |
| A Health Maintenance Organization organized under the Laws of the State of | | | | | Massachusetts | | |
| made to the | | | | | STATE OF MAINE - DIVISION OF INSURANCE | | |
| | | | | | pursuant to the laws thereof | | |
| (Appropriate Agency) | | | | | | | |
| Date Incorporated or Organized: | | | 02/11/1969 | | | Date Commenced Business: | 02/11/1969 |
| Date Federally Qualified As An HMO: | | | 09/01/1977 | | | Date Certified As An HMO: | 10/28/1977 |
| Statutory Home Office: | | | 93 WORCESTER STREET | | | WELLESLEY, MA 02481-9181 | |
| | | | (Street and Number) | | | (City or Town, State and Zip Code) | |
| Address of Main Administrative Office: | | | | | 93 WORCESTER STREET | | |
| | | | | | (Street and Number) | | |
| WELLESLEY, MA 02481-9181 | | | | | 781-263-6000 | | |
| (City or Town, State and Zip Code) | | | | | (Area Code) (Telephone Number) | | |
| Name of Administrator: | | | | | CHARLES D. BAKER | | |
| Mail Address | | | | | 93 WORCESTER STREET | | |
| | | | | | WELLESLEY, MA 02481-9181 | | |
| | | | | | (Street and Number or P.O. Box) | | |
| Primary Location of Books and Records | | | | | 93 WORCESTER STREET | | |
| | | | | | (Street and Number) | | |
| WELLESLEY, MA 02481-9181 | | | | | 617-509-5696 | | |
| (City or Town, State and Zip Code) | | | | | (Area Code) (Telephone Number) | | |
| Contact Person | | | | | THEODORE SKALIOTIS | | |
| | | | | | (Name) | | |
| TED_SKALIOTIS@HARVARDPILGRIM.ORG | | | | | 617-509-5696 | | |
| | | | | | (Area Code) (Telephone Number) (Extension) | | |
| | | | | | 617-509-1778 | | |
| (E-mail Address) | | | | | (FAX Number) | | |

SERVICE AREAS OR COUNTIES

MASSACHUSETTS

MAINE

OFFICERS

| | |
|-------------------------|----------------------|
| President | CHARLES D. BAKER |
| Secretary | WILLIAM F. FRADO JR. |
| Chief Financial Officer | THOMAS J. TODOROW |

OTHER OFFICERS

Please see attached

DIRECTORS

Please see attached

State of Massachusetts } ss
County of Norfolk }

The officers of this company, being duly sworn, each depose and say that they are the described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period stated above, and of its income and deductions therefrom for the period reported, and have been completed in accordance with the NAIC annual statement instructions and accounting practices and procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Charles D. Baker

PRESIDENT
CHARLES D. BAKER

William F. Frado Jr.

SECRETARY
WILLIAM F. FRADO, JR.

Thomas J. Todorow

CHIEF FINANCIAL OFFICER
THOMAS J. TODOROW

Subscribed and sworn to before me this
27TH day of APRIL, 2001

MICAH IAN EVANS

MICAH IAN EVANS
Notary Public
My Commission Expires June 3, 2005

| | |
|--------------------------------|----------------|
| a. Is this an original filing? | Yes [] No [X] |
| b. If no | |
| 1. State the amendment number | 1 |
| 2. Date filed | 04/27/2001 |
| 3. Number of pages attached | 65 |